PATENT APPLICATION FEE DETERMINATION RECORD

Effe

Application or Docket Number

TOTAL PETERMINATION RECORD	
ective October 1, 2003	10789252

	CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN											
	TAL CLASSO	· · · · · · · · · · · · · · · · ·	(Column	1)	(Column 2) TYPE				OR	SMÀLL		
TOTAL CLAIMS			22					RATE	FEE] ·	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	22 minus 20=		* 2			X\$ 9=		OR	X\$18=	360
-	DEPENDENT C			nus 3 =	. 0		F	X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter					"0" in (column 2	L	TOTAL		OR	TOTAL	801.0
CLAIMS AS AMENDED - PART II											OTHER	
_		(Column 1)	(Column 2) (Column 3)				SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus ***		CLAINA	=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
							ــ ــ	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	n 2) .	(Column 3)	_L	DUIT. PEE		,	ADDII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	٠	=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		= .		X43=	• • • • • • • • • • • • • • • • • • • •	OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
							AD	TOTAL DIT. FEE	•	OR ,	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT . EXTRA			ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
S S S	Total	*	Minus	**		=	;	X\$ 9=		OR	X\$18=	
AME	Independent		Minus	***		=		X43=		OR	X86=	
لـــ	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM			145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								TOTAL DIT. FEE		OB L	TOTAL DDIT. FEE	
	f the "Highest Nur	mber Previously Pa ber Previously Paid	id For" IN THIS	SPACE is	less than	n 3, enter "3."		—	opriate box			